

National PTA Reflections® Program Student Entry Form 2024-2025 "Accepting Imperfection"



	To be completed by Local PT/	A before distribution to student	S	
FULL LOCAL PTA/PTSA NAME:				
LOCAL PTA/PTSA ADDRESS:				
LOCAL REFLECTIONS CHAIR NAME:				
LOCAL CHAIR EMAIL:		LOCAL CHAIR PHONE:		
NATIONAL 8-DIGIT PTA ID #	COUNCIL	state Maryland	☐ PTA in good standing	
STUDENT NAME:		GRADE: AGE:	CLASSROOM:	
PARENT/GUARDIAN NAME(S):				
PARENT/GUARDIAN PHONE	PARENT/GUA	RDIAN EMAIL		
MAILING ADDRESS:				
CITY:		STATE:	ZIP:	
Reflections program constitutes acc Reflections Official Rules.	eptance of all rules and conditions	s. I agree to the above statemen	t and the National PTA	
Signature of student	Signature of	parent/legal guardian (required		
Fold Here	JUDGING INFOR		Fold Here	
GRADE DIVISION (Choose One)	Jobania IIII on	ARTS CATEGORY (Choose One)		
PRIMARY (Preschool- Grade 2)	HIGH SCHOOL (Grades 9-12)	DANCE CHOREOGRAPHY	MUSIC COMPOSITION	
INTERMEDIATE (Grades 3-5)	Accessible Arts (All Grades)	FILM PRODUCTION	PHOTOGRAPHY	
MIDDLE SCHOOL (Grades 6-8)		LITERATURE	VISUAL ARTS	
TITLE OF ARTWORK: (Avoid using the	e theme as the title)			
ARTWORK DETAILS: (Dance/Film: cir Visual Arts: materials/equipment & elements.)		• • •		
ARTIST STATEMENT: (Must be 10 to	o 100 words describing your wor	rk and how it relates to the the	me)	